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CONFIRMATION NO. 2234

<b>SERIAL NUMBER</b> 10/781,537	<b>FILING OR 371(c) DATE</b> 02/18/2004 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1616 ✓	<b>ATTORNEY DOCKET NO.</b> PB60086US2 ✓	
<b>APPLICANTS</b> Peter Colin Weston Burt, Ware, UNITED KINGDOM; ✓ Laurie Koon-Hung Kwok, Ware, UNITED KINGDOM; ✓ <i>JHAP</i>					
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/448,775 02/20/2003 ✓ <i>JHAP</i>					
<b>** FOREIGN APPLICATIONS *****</b> <i>NONE</i>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 06/07/2004</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> UNITED KINGDOM	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 22	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> 23347 ✓					
<b>TITLE</b> Canister for a metered dose inhaler					
<b>FILING FEE RECEIVED</b> 806	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		